

CLAIMS ONLY

Application Number:

" Filling" Date

101764477

Applicān(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 312317		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3						
4		1				
5		1				
6		1				
7		1				
8		1				
9	1					
10						
11		1				
12		1				
13		1				
14		1				
15		1				
16	1					
17	1					
18		1				
19		1				
20		1				
21	1					
22	1					
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total						
Indep	6					
Total	14					
Depend.						
Total	20					
Claims						